

DEPARTMENT OF CIVIL SERVICE
Employee Benefits Division
PO Box 30002, Lansing, Michigan 48909
EMPLOYEE BENEFITS BULLETIN

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Benefits Bulletins are issued to employees and others to communicate general benefits information.

FROM:

Employee Benefits Division

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Subject:

**State Health Plan PPO Prescription Drug Coverage Changes for
UAW Represented Employees Effective October 1, 2005**

Several changes to your State Health Plan PPO prescription drug coverage will be implemented on October 1, 2005, as a result of negotiations between UAW and the Office of the State Employer. These negotiated changes **do not** affect members enrolled in an HMO.

34-day Supply at Retail

Prescriptions filled at a participating retail pharmacy may only be approved for up to a 34-day supply. Members will still be able to pay a 1-month co-pay and receive up to a 90-day supply by using Express Scripts Mail Order Pharmacy. To begin using the Express Scripts Mail Order Pharmacy contact your physician to request a new prescription for up to a 90-day supply or call Express Scripts for assistance at (800) 505-2324.

Generic Prescription Drug Program

To promote the use of generic drugs, the Generic Prescription Drug Program will be implemented effective October 1, 2005 for the State Health Plan PPO. At retail, if your doctor has specified a brand-name drug and indicated DAW (dispense as written), your pharmacist may contact your doctor to authorize the generic version of the drug. If your doctor agrees, you will receive a 1-month supply of the generic drug by paying the \$7 co-pay. If the doctor disagrees or cannot be contacted, you can choose to receive the generic drug and pay the \$7 co-pay or be given the brand-name drug and charged the \$15 co-pay, plus the difference in cost between the brand-name and the generic, up to a maximum difference of \$10 for the first fill. After that, you will pay the generic \$7 co-pay, plus the full difference in cost between the brand-name and the generic drug. If there is clinical information supporting the need for the brand-name drug, the member can ask the doctor to provide this information to Express Scripts at (800) 505-2324.

If your doctor provides clinical information that supports the need to take the brand-name drug, the amount you paid over the co-pay will be refunded to you. If the review is denied, you and your doctor will be informed and provided information on the appeals process.

Mail Order Home Delivery Program

The Mail Order Home Delivery Program for maintenance drugs will also be implemented effective October 1, 2005, for the State Health Plan PPO. Mail Order Home Delivery is for prescription drugs used for ongoing conditions such as diabetes or high blood pressure. Under this program, you can get up to a 1-month supply of a maintenance medication three times from a local participating pharmacy. After that, there will be no coverage for a maintenance drug. After the three fills at retail, the drug will only be covered through the Mail Order Home Delivery Program. You will save money by receiving up to a 3-month supply delivered directly to your home for only a 1-month co-pay.

Every new prescription filled through the Mail Order Home Delivery Program is checked by two registered pharmacists and delivered in a plain, weather resistant package. You will receive information with your prescription about safety issues, side effects, and drug interactions. There are also pharmacists available 24 hours a day to answer your questions.

You should use the Mail Order Home Delivery Program for all of your maintenance medications. You can get started using this program two easy ways. You can go online at www.express-scripts.com/getstarted and submit your request. There are no forms to mail or no doctor visits to schedule. Or you can begin by asking your doctor to write a prescription for up to a 90-day supply of your medication (plus refills up to one year, if appropriate), completing a Mail Order Home Delivery Order Form, and mailing the form and prescription to the address on the form. Mail Order Home Delivery Order forms can be found at www.express-scripts.com or simply request one by calling the toll-free number on your member ID card. If you need addition information on transferring your existing retail pharmacy prescriptions to the Mail Order Home Delivery Program, call Express Scripts at (800) 505-2324.